

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PT-619)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
1						
2	X					
3						
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6						
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50						
TOTAL	4					
TOTAL	15					
TOTAL						

	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
61						
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100						
TOTAL						
TOTAL						
TOTAL						

TOTAL 19

1/2/83

1/5/83

1/2/83